Case 2:07-cy-00607-WKW-TFM Docum	COMPLETE THIS SECTION ON DELIVERY Page 1 of
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes
1. Article Addressed to:	If YES, enter delivery address below: 2:07CV (007
Borg-Warner Corporation 3850 Hamlin Road Auburn Hills, Mt 48326	3. Service Type Certified Mail Registered Registered Return Receipt for Merchandise
	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7003 3116 (Transfer from service labe	10004 0799 4936

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540